NO. OF COPIES RECI	5			
DISTRIBUTION				
SANTA FE				
FILE			,,,,,	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL	, ,		
IRANSPORTER	GAS			
OPERATOR				
PRORATION OFFICE				
Kewanee 011	Comp	oany	/	
P. O. Box 3	786,	0de	ssa	

6-15-71

(Date)

NEW MEXICO OIL CONSERVATION COM....SION

Form C-104

	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65	
	FILE	A117110017 A TIOL TO TO	AND		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	ζΑċ	
	015	, , , , , , , , , , , , , , , , , , ,	- 1.)/ F D		
	TRANSPORTER GAS RECEIVED				
	OPERATOR				
I. PRORATION OFFICE JUN 1 7 1971					
	Coperator Kewanee Oil Company				
	Address	D. (3. C.		
	P. O. Box 3786, Odessa, Texas 79760 ARTESIA, OFFICE				
	Reason(s) for filing (Check proper box)	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion Characterist	Oil Dry Go Casinghead Gas Conder	<u> </u>		
	Change in Ownership	Casingheda das Conder			
	If change of ownership give name				
	and address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease No.				
	Lease Name			_	
	Jones D	5 Atoka San And	ures	100	
	i —	O Feet From The South Lin	ne and 330 Feet From	_{n The} West	
	Unit Letter L : 43	restriom the			
	Line of Section 18 Tox	wmship 18\$ Range	27E , NMPM Eddy	County	
			16		
III.	DESIGNATION OF TRANSPOR'	TER OF OIL AND NATURAL GA	Address (Give address to which app	r wed copy of this form is to be sent)	
	Navajo Refg. Co., Pipe	eline Division	North Freeman Ave., A	Artesia, New Mexico 88210	
	Name of Authorized Transporter of Cas	singhead Gas 🛣 or Dry Gas 🗔		rived copy of this form is to be sent)	
	Phillips Petroleum Com	npany	Phillips Bldg., Odess	sa, Texas 79760	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	Vien	
	give location of tanks.	H 13 18S 26E	Yes	6-8-71	
		th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.	
	Designate Type of Completion	on - (X) X	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	5-18-71	6-4-71	1980 '	1963 ' Tubing Depth	
	3285 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay	1877	
	J285 GK Perforations	Jan Andres	1 1113	Depth Casing Shoe	
		2, 78, 85, 94, 98, 1902,	06, 08 & 34'	1976,82'	
	,	TUBING, CASING, AN	D CEMENTING RECORD		
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11"	8-5/8" 5-1/2"	1004.76	500 Sacks 460 Sacks	
	7-7/8"	5-1/2" 2-7/8"	1877.39	TOU JULKS	
		2-770	10//100		
••	TEST DATA AND REQUEST F	OR ALLOWARIE. (Test must be a	after recovery of total volume of load o	oil and must be equal to or exceed top allow-	
▼.	OIL WELL	able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	iji, etc.)	
	6-8-71	6-13-71 Tubing Pressure	Pump Casing Pressure	Choke Size	
	Length of Test 24 Hours	I ADMIA LIASSANA	0pen	2"	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
		94	282	84.8	
	46.84 iens - Bornage tactor 1.625				
	GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate	
	Actual Prod. Test-MCF/D	Length of Test			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	. derrid meriod (business and busy				
VI	CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION	
₹1.	, CENTIFICATE OF COMEDIAN	· -	APPROVED JUN 17	1971	
I hereby certify that the rules and regulations of the Oil Conservatio Commission have been complied with and that the information give above is true and complete to the best of my knowledge and believed.		regulations of the Oil Conservation			
	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
Division Superintendent		uperintendent	tests taken on the well in ac	riust be filled out completely for allow-	
	(Title)		able on new and recompleted wells.		
				ITT for absence of august	

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply